MARYLAND STATE DEPARTMENT OF HEALTH

05474

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 331

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15A

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS In Village

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; STREET ADDRESS (If rural, give location) in Village

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) DELLA (Last) ADKINS

4. DATE OF DEATH: (Month) MAY (Day) 1 - (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 18-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At own Home

11. BIRTHPLACE (State or foreign country): R.D. # Pittsville, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Stanton Holloway

14. MOTHER'S MAIDEN NAME: Elizabeth Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: William R. Adkins (Husband) Pittsville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Acute Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - sclerotic C.V. Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L. Roger (Degree or title) M.D. ADDRESS 214 N. Division St. DATE SIGNED May 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: May 3- 1953; NAME OF CEMETERY OR CREMATORY: Pittsville Cemetery; LOCATION (City, town, or county) (State): Pittsville, Maryland

DATE REC'D BY LOCAL REG. 5-2-53; REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

Walter R. Holloway

RECEIVED
MAY 5 1953
BUREAU V. I.

Item 21f Film G154 5-25-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

05475

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East Salisbury; LENGTH OF STAY (In this place): ----; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Salisbury- Powellville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; STREET ADDRESS (If rural, give location): 527 Wailes Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Raleigh (Last) Arvey

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept.19,1906

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: At own Garage

11. BIRTHPLACE (State or foreign country): Snow Hill Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William R. Arvey

14. MOTHER'S MAIDEN NAME: Ada E. Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-10-9418

17. INFORMANT AND ADDRESS: Mrs. Ada E. Arvey (Mother) 527 Wailes Stree

18. MEDICAL CERTIFICATION — Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

973.1

Immediate cause (a) Carbon monoxide poisoning — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Motor exhaust gas.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐ homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 224 N. Division St., Salisbury, Md. DATE SIGNED: 5/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 11,1953 | NAME OF CEMETERY OR CREMATORY: Parsons Cemetery | LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 5-11-53 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Holloway & Company - Salisbury, Maryland ADDRESS

Walter R. Holloway

Walter R. Holloway

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05476

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Walston Switch
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Highway)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nanticoke
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gordon	Stanley	Barclay	5	30	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Married	1/6/20	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attendant	Deer's Head State Hospital	Sharptown, Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Barclay	Lessie Conoway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II	Lost	Mrs. Peggy Barclay, Nanticoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.1

Immediate cause (a) Broken neck — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Walston Switch	Wicomico	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5	30	53	6:25 a.m.			Auto. accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): Deputy Medical Exam. ADDRESS: 226 N. Division St. Salisbury, Md. DATE SIGNED: 6/1/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-5-'53	Nanticoke Cemetery	Nanticoke, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 6-2-53 REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS: STEWART FUNERAL HOME - 324 E. Church St
Mary A. Stewart - Salisbury, Maryland

VS. A15A

RECEIVED
JUN 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 426 N. Regester Street

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Banks

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: N. colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20. 1895

9. AGE Last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Chase

14. MOTHER'S MAIDEN NAME: Laura D. Logges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
026 X Immediate cause	(a) Cerebral accident - hemorrhage recurrent.	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) - Cerebrovascular lues. Triplegia & spastic contractures	8 years
	DUE TO (c) Hypertensive Cardiovascular disease	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1953, to May 23, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) V. Juerman M.D. ADDRESS Deers Head State Hosp. Salisbury DATE SIGNED 5/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5-27-53 — NAME OF CEMETERY OR CREMATORY Mt. Calvary — LOCATION (City, town, or county) Arnold (State) Md.

DATE REC'D BY LOCAL REG. May 26 1953 — REGISTRAR'S SIGNATURE Mary Holloway

24. FUNERAL DIRECTOR William Reese Jr. — ADDRESS 108 St. Washington St. Annapolis, Md.

RECEIVED
MAY 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05478

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield, 19-32; STREET ADDRESS (If rural, give location) Maryland Avenue, Extended

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Ernest	Carson	Blades		May	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	July 1933	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffer	Taxi Co.	Crisfield, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Loda Blades	Nellie Jane Pruitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Sherwood Howard-Crisfield, Md. Maryland Ave., Ext.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Crushed Skull	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Fractures	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

802X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Railroad crossing	(CITY OR TOWN) Fruitland	(COUNTY) Somerset	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) May 2 1953 11:15 A.M.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Hit by train when deceased tried to cross track		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emil L Royer	M.D.	224 N. Division St., Salisbury	5/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 4, 1953	St. Paul's Cemetery	Marion, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-4-53	Mary W. Holloway	Bradshaw Funeral Home	Crisfield, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 6 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05479

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 300 Elizabeth St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ETHEL FARMER BLEDSOE
4. DATE OF DEATH: (Month) (Day) (Year) 5 - 14 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-11-1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Vincent Farmer
14. MOTHER'S MAIDEN NAME: Elizabeth Macon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 224-28-8630
17. INFORMANT & ADDRESS: Mrs Chas. Brittingham - Delmar.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial Infarct, acute — Interval Between Onset And Death 3 wks.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary thrombosis — ~~[illegible]~~

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25/53, 19 ... , to 5-14, 1953 that I last saw the deceased alive on 5-14, 1953, and that death occurred at ... , from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD ADDRESS Salisbury, Md. DATE SIGNED 5-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-16-53
NAME OF CEMETERY OR CREMATORY Cape Charles
LOCATION (City, town, or county) (State) Cape Charles, Va
DATE REC'D BY LOCAL REGISTRAR 5-15-53
REGISTRAR'S SIGNATURE Mary W Holloway
24. FUNERAL DIRECTOR W. S. Mayfield Co. ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) L. (Last) Bromley

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 13 1881
9. AGE last birthday: 71-11-18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James S. Trader
14. MOTHER'S MAIDEN NAME: Nicy E. Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Rufus Johnson, Girdletree Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 332x
Immediate cause (a) Cerebral Thrombosis
DUE TO
Antecedent cause(s) (b) Arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 wks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to 5/31, 1953, that I last saw the deceased alive on 5/31, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Fred R. Bramse (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md DATE SIGNED 6/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 2/53
NAME OF CEMETERY OR CREMATORY Whalcoat
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 6-2-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Alay B. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 4 195

05481

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) James (Last) Burbage

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 4, 1897

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm.

11. BIRTHPLACE (State or foreign country): Berlin Md RFD

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Burbage

14. MOTHER'S MAIDEN NAME: Elnora Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY No: 219-14-4380

17. INFORMANT & ADDRESS: Mrs. James Burbage Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X
Immediate cause (a) Cerebral Hemorrhage DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

Interval Between Onset And Death: 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 . , to ..... , 19..... , that I last saw the deceased alive on 5-17, 19 53 and that death occurred at 2:33 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William R. Ellis, Jr. MD — ADDRESS Salisbury, Md. — DATE SIGNED 5-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/19/53 — NAME OF CEMETERY OR CREMATORY Bowen — LOCATION (City, town, or county) Newark — (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-18-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Irma A. Burbage — ADDRESS Berlin Md

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 414. Dogwood Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J (Last) Downing III

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1953.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday: Yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
male	White	Married	Sept. 2-1926	26		

10a. USUAL OCCUPATION Give kind of work done during most of working life.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accounting Dept. (Wayne Pump Co.)		Salisbury Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William J. Downing II	Katharine Dodd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	World War #2	Mrs. Barbara C. Downing 414. Dogwood Ave Salisbury Md.

18. MEDICAL CERTIFICATION 414. Dogwood Ave Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Carcinoma of large Intestine	9 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO		
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/4/52.	Adeno Carcinoma of ascending Colon	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/4/52, to 5/20, 1953, that I last saw the deceased alive on 5/20, 1953, and that death occurred at 9:55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Fred R. Cramer M.D.	Salisbury Md.	5/20/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	May 22-53	Parsons Cem.	Salisbury	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-26-53	Mary W. Holloway	Holloway & Co. Salisbury Md. Walter R. Holloway	

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sailsbury
LENGTH OF STAY (In this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1117 Madison ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Ellis

4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9-15-1901
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? –

13. FATHER'S NAME: James Craig
14. MOTHER'S MAIDEN NAME: Nora Prince

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Helen Harris 532 Dolphin St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Passive congestion of lung — INTERVAL BETWEEN ONSET AND DEATH: 7 d.

DUE TO

Antecedent cause(s) (b) Hypertensive cardiovascular disease — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

~~DUE TO~~ (c) Arteriosclerosis, general

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old cerebral hemorrhage c̄ resid hemipl. 2 y.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: –
20. AUTOPSY: Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) –
(CITY OR TOWN) – (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from 9/22/, 1952, to 5/10/, 1953 that I last saw the deceased alive on 5/10/, 1953, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. Mulchus Inst. Phys. Deer's Head St. Hosp. 5/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/14/1953
NAME OF CEMETERY OR CREMATORY Balto National
LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REG. 5/13/53
REGISTRAR'S SIGNATURE a w Hedrick
24. FUNERAL DIRECTOR Mrs Katie R Williams
ADDRESS 322 N. Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Salisbury
LENGTH OF STAY (in this place): 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Princess Anne
STREET ADDRESS (If rural give location): 12 X

3. NAME OF DECEASED: (Type or Print) (First) Richmond (Middle) (Last) Grimes

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 1953

5. SEX: Male.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: not Known

9. AGE last birthday: 72? yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Labor.

10b. KIND OF BUSINESS OR INDUSTRY: Store.

11. BIRTHPLACE (State or foreign country): Denton. Md. Somerset County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mager Grimes

14. MOTHER'S MAIDEN NAME: Elizabeth Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Annie M. Jones. Denton. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Carcinoma of Rectum — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c) Nephritis — Year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bilateral Hernia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1953 to May 16, 1953, that I last saw the deceased alive on May, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Lemley MD — ADDRESS: Salisbury Md — DATE SIGNED: 5/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-19-53 — NAME OF CEMETERY OR CREMATORY: Grace — LOCATION (City, town, or county): Denton — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 5-18-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: William H. Jones Jr. — ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
MAY 20 1953
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Emrick

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico
MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hebron
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: North Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron
STREET ADDRESS (If rural, give location): North Church Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) James (Last) Hall

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: Aug. 5-1880

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Box Maker

10b. KIND OF BUSINESS OR INDUSTRY: Bendix Corp. (Emp)

11. BIRTHPLACE (State or foreign country): Sussex County Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Hall

14. MOTHER'S MAIDEN NAME: Sarah Ann Ryon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): 1905

16. SOCIAL SECURITY NO.: 173-03-1678

17. INFORMANT & ADDRESS: Mrs. Mattie V. Hall (Wife) N. Church Street

18. MEDICAL CERTIFICATION — Hebron, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
422.2
Immediate cause (a) Acute Myocarditis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2 1953, to May 4 1953, that I last saw the deceased alive on May 4th 1953, and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
William Emrick M.D. Hebron Md. May 6-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 8, 1953
NAME OF CEMETERY OR CREMATORY: Hebron Cemetery
LOCATION (City, town, or county) (State): Hebron, Maryland

DATE REC'D BY LOCAL REG. 5-8-53
REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS
Holloway & Company - Salisbury, Maryland
Walter R. Holloway

RECEIVED
MAY 12 1953
BUREAU V. S.

Item 9 FilmG154 5/28/53 whw

5531

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) I Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Convalescent Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) II7 E. Isabella, Street.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) (Last) Hohmann

4. DATE OF DEATH: (Month) May I8. (Day) 1953. (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: May IO. I872.

9. AGE last birthday: ~~82.~~ 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Germany.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Unknown) Messer

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ann Koester (Daughter) II7 E. Isabella, St. Salisbury, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Cardio vascular renal disease
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 1951, to May 18, 1953, that I last saw the deceased alive on April 25, 1953, and that death occurred at II.25. P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] Mrs Salisbury Md 5-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 2I. 53.

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery.

LOCATION (City, town, or county) (State) Baltimore, Maryland.

DATE REC'D BY LOCAL REG. 5-20-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Company. Salisbury, Md.

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
MAY 22 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bivalve
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bivalve
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Allison (Last) Horsman
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Dec. 6, 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 5 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Bldgs.
11. BIRTHPLACE (State or foreign country): Bivalve, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Horsman
14. MOTHER'S MAIDEN NAME: Edna A. Larmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Effie Horsman — Bivalve, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 5 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 March 1953 to 17 May, 1953 that I last saw the deceased alive on 17 May, 1953, and that death occurred at 5:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard H. Saunders M.D. ADDRESS Nantecoke, Md. DATE SIGNED 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/19/53
NAME OF CEMETERY OR CREMATORY Bivalve Meth. Cem.
LOCATION (City, town, or county) Bivalve (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-20-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius G. Jessick, ADDRESS Bivalve, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AD

1. PLACE OF DEATH:
   COUNTY Wicomico — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury — LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Delaware — COUNTY Sussex
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frankford
   STREET ADDRESS (If rural give location) Route #2,

3. NAME OF DECEASED: (First) Joshua (Middle) Edward (Last) Hudson

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 5/27/53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS: Hours 12 | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua E Hudson

14. MOTHER'S MAIDEN NAME: Hazel Toomey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hazel Hudson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Anoxia + Respiratory standstill due to — Interval Between Onset And Death: 12 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cerebral Hemorrhage meta Chronic Ventricle due to
(c) Arteriosclerosis Cerebralis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27/53, to 5/27/53, that I last saw the deceased alive on 5/27/53, and that death occurred at 5:15 P., from the causes and on the date stated above.

SIGNATURE Raymond Rahim (Degree or title) M D — ADDRESS Belen, New — DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5/28/53 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) (State) Salisbury, Wicomico Md.

DATE REC'D BY LOCAL REGISTRAR 5-28-53 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Peninsula General Hospital — ADDRESS Salisbury, Md

2053231445

RECEIVED
JUN 11 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural give location) 435 Bank St.

3. NAME OF DECEASED: (Type or Print) (First) Perryhelle (Middle) B. (Last) Hughes

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct 15, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Ballard
14. MOTHER'S MAIDEN NAME: Sarah Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Joseph E. Hughes, 435 Bank St. Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X
Immediate cause (a) Uremia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis
DUE TO
(c) Essential Hypertension

Interval Between Onset And Death: 1 week; Symptoms 2 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1953, to 5/27, 1953, that I last saw the deceased alive on 5/27, 1953, and that death occurred at 7:50 Pm from the causes and on the date stated above.

SIGNATURE David J. Gilmore M.D. (Degree or title) ADDRESS Salisbury Md. DATE SIGNED May 28 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-31-53
NAME OF CEMETERY OR CREMATORY Hall's Hill Cem.
LOCATION (City, town, or county) Pocomoke, Md (State)
DATE REC'D BY LOCAL REGISTRAR 5-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson
ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1953
BUREAU V

Item 7 FilmG154 6/1/53 whw

05489

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location) 17

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) C (Last) Jones

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 5 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House work for self

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Princess Anne Somerset Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Edward Gale

14. MOTHER'S MAIDEN NAME: Mary E Waters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Gwendolyn Dennis Princess Anne Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subacute (Infectious) Hepatitis — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) Arteriosclerotic Heart Disease — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystic Disease of the Liver

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14/, 1953, to 5/21/, 1953, that I last saw the deceased alive on 5/21/, 1953, and that death occurred at 1168 m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED May 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 25-53 — NAME OF CEMETERY OR CREMATORY metropolitan — LOCATION (City, town, or county) (State) Princess Anne Somerset Md

DATE REC'D BY LOCAL REGISTRAR 5-22-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Charles Howard Marion Md — ADDRESS

RECEIVED
MAY 26 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05490

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 7 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) Abraham (Last) KLEGER
4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Widowed	Sept. 23, 1902	51 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Merchant	Gun Store	Russia	U.S.A.

13. FATHER'S NAME: Samuel Kleger
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	Unknown	Unknown	Mr Lewis Kleger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.1 Immediate cause	(a) DUE TO	Myocardial Infarct, Acute	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arterio sclerotic Coronary Thrombosis	same
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1953, to 5/13, 1953, that I last saw the deceased alive on 5/13., 1953, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter R. Ellis, Jr. MD	Salisbury Md.	5-13-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/14/53	Montefiore Cem.	Phila Montgomery	Pa

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-13-53	Mary W. Holloway	The Hill & Johnson Co. / George C Hill	Salisbury

RECEIVED
MAY. 18 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wicomico; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; STREET ADDRESS (If rural, give location) Maryland

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) (Last) Leatherbury

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 10/29/1900

9. AGE last birthday: 53 50 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Polks Road; SomersetCo/Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Leatherbury

14. MOTHER'S MAIDEN NAME: Ida Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Henry Leatherbury; Allen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri-Sclerotic-Cardio-

(c) Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Earl L Royer (Degree or title) M.D. ADDRESS 224 N. Division St., Salisbury DATE SIGNED 12 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 5/15/53; NAME OF CEMETERY OR CREMATORY Mt. Zion; LOCATION (City, town, or county) Polks Road (State) Md.

DATE REC'D BY LOCAL REG. 5-14-53; REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR William H. James Jr; ADDRESS Princess Anne, Md.

RECEIVED
MAY 18 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury, Maryland

LENGTH OF STAY (in this place): 2½ years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda, Maryland 15 X

STREET ADDRESS (If rural, give location): 8610 Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) August (Middle) - (Last) Lindquist

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-29-1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not given

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Westland, Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Lindquist

14. MOTHER'S MAIDEN NAME: Anna Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart disease

DUE TO

Antecedent cause(s) (b) arteriosclerosis General.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(904.9) (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of femur.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1951, to 5/13, 1953, that I last saw the deceased alive on 5/13, 1953 and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M. D. ADDRESS Deers Head St. Hospital DATE SIGNED 5-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5-15-53 NAME OF CEMETERY OR CREMATORY Forest Oak Cem. LOCATION (City, town, or county) Gaithersburg (State) Md.

DATE REC'D BY LOCAL REG. 5-14-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. A. Humphrey ADDRESS Beth. Md. 7557 Wisconsin Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215

RECEIVED
MAY 18 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05493

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural give location) Route #1.

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) E. (Last) Matthews

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: May 17-1953 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours 1 + 30 hrs, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: LaFonda Matthews

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: LaFonda Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Neonatal asphyxia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

Interval Between Onset And Death: 2-6 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1953, to 5/18, 1953, that I last saw the deceased alive on 5/18, 1953, and that death occurred at 6:35 AM, from the causes and on the date stated above.

SIGNATURE Osborne Christensen (Degree or title) M.D. ADDRESS 3r, S. Division St. Salisbury, Md. DATE SIGNED 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) V | DATE THEREOF 5/19/53 | NAME OF CEMETERY OR CREMATORY Peninsula General Hospital | LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-19-53 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Peninsula General Hospital | ADDRESS Salisbury Md.

205326 1352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1953
BUREAU V. S.

05491

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Sanit.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wachapreague
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) James (Last) Mears

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 16, 1877
9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Accomack County Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas James
14. MOTHER'S MAIDEN NAME: Mary Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Joe Mears Wachapreague, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio vascular renal disease
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10 1953, to 5-14, 1953, that I last saw the deceased alive on 5-13, 1953 and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE Philip A. Lewis (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md DATE SIGNED 5-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-16-52
NAME OF CEMETERY OR CREMATORY Edgehill Cemetery
LOCATION (City, town, or county) (State) Accomac, Va
DATE REC'D BY LOCAL REG. 5-14-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Herbert D. Littleton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 195

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 703 Central Ave.

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) S. (Last) Moore

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 16, 1901

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Chicken grower

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Watson W. Moore

14. MOTHER'S MAIDEN NAME: Mattie Bayce

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Bertha J. Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ... DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Myocardial infarct, acute
Arteriosclerotic coronary thrombosis

Interval Between Onset And Death: 10 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1953 to 5-15, 1953 that I last saw the deceased alive on 5-15, 1953, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William R. Ellis, Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 5-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) May 18 1953
DATE THEREOF 5-18-53
NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
LOCATION (City, town, or county) Laurel, Dela. (State)

DATE REC'D BY LOCAL REGISTRAR 5-18-53
REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR N. J. Deisharoon ADDRESS Laurel, Dela.

RECEIVED
MAY 20 1953
BUREAU OF L.M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Charles St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 307 Charles St.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) ELLEN (Last) MURPHY
4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 11, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Layfield
14. MOTHER'S MAIDEN NAME: Mary E. Godfrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Frank Jones Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Generalized carcinomatosis

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma sigmoid

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to May 21, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Phelps A. Tinsley MD ADDRESS Salisbury Md DATE SIGNED 5-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/24/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland
DATE REC'D BY LOCAL REGISTRAR 5-23-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury, Maryland
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Helena (Last) Olsen
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify):
8. DATE OF BIRTH: May 29 1881
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Johen Marthen
14. MOTHER'S MAIDEN NAME: Marie Elise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Deers Head Hosp Radcl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
33 IX Immediate cause	(a) Pneumonia due to saliva aspiration	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bulbar paralysis due to	7 days
	DUE TO (c) Cerebral hemorrhage	7 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1953, to 5/2, 1953, that I last saw the deceased alive on 5/2, 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE Dr Fleerman — (DEGREE OR TITLE) M.D. — ADDRESS Deers Head State Hospital Salisbury — DATE SIGNED 5/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 4-53 — NAME OF CEMETERY OR CREMATORY Solomons Cem. — LOCATION (City, town, or county) Solomons (State) Md.

DATE REC'D BY LOCAL REG. 5-2-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway Co. — ADDRESS Salisbury Md
Walter R. Holloway

RECEIVED
MAY 5 1953
BUREAU OF I.A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1832

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: Deens Head Hospital
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.
LENGTH OF STAY (in this place) 53 5/5 - 5/26
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deens Head Hospit. Salis. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) R. (Last) OXENHAM.

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 14. 1892.
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator - Shirt Factory
10b. KIND OF BUSINESS OR INDUSTRY: 212-09-4675
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clinton H. Radcliff
14. MOTHER'S MAIDEN NAME: Emma Alventa Fairbanks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-09-467
17. INFORMANT & ADDRESS: (Son) Wm. H. Oxenham. 8941 Satyr Hill Rd. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 490 X
Immediate cause (a) Lobar pneumonia
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Squam. cell carcinoma floor of mouth & mandible 1 y

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1953, to 5/26, 1953, that I last saw the deceased alive on 5/25, 1953, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE S. Waldon Inst. Physic. (DEGREE OR TITLE) Salisbury. Md (ADDRESS) Deens Head H. Hosp. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/28/53
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) (State) Easton Md.

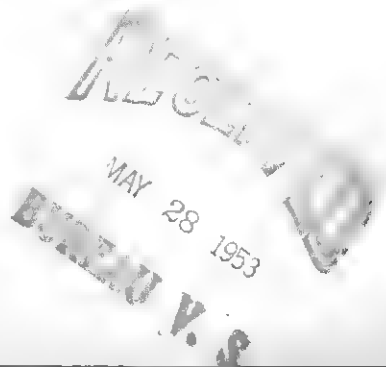
DATE REC'D BY LOCAL REG. 5/27/53
REGISTRAR'S SIGNATURE Robt. L. Seth
24. FUNERAL DIRECTOR S. Hambleton Harrison, St. Michaels, Md. ADDRESS

Mary Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


MAY 28 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 45 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1008 Camden Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 1008 Camden Ave.,

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) HASTINGS (Last) PUSEY

4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 12, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Hastings
14. MOTHER'S MAIDEN NAME: A. Ellen Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Thomas H. Pusey, Sr. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Pulmonary Embolus

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Severe Peripheral arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death 2-3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-1-53
19b. MAJOR FINDINGS OF OPERATION Incarcerated omentum into round ligament
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.31, 1953, to 3.2, 1953, that I last saw the deceased alive on 3.2, 1953, and that death occurred at PM, from the causes and on the date stated above.

SIGNATURE H. A. Brile (Degree or title) M.D. ADDRESS 226 N. Division St. Salisbury DATE SIGNED Md. 5.4.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/5/53 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) Salisbury, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 5-5-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury, Maryland
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
MAY 8 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin 23X
STREET ADDRESS (If rural give location) Flower Street

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) (Last) Pusey

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-7-1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months 10 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Pastry Cook
10b. KIND OF BUSINESS OR INDUSTRY: Hotels - Private Families
11. BIRTHPLACE (State or foreign country): Berlin Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Bowen
14. MOTHER'S MAIDEN NAME: Maggie Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No: 198-01-6562
17. INFORMANT & ADDRESS: Mr. Edward P. Pusey Flower St., Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Atherosclerosis
DUE TO

(c)

Interval Between Onset And Death: 12 days Symptoms 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1953 to 5/22, 1953, that I last saw the deceased alive on 5/22, 1953 and that death occurred at 5:37 pm, from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) Mr D. ADDRESS Salisbury Md. DATE SIGNED May 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-27-53
NAME OF CEMETERY OR CREMATORY New St. Paul Cemetery
LOCATION (City, town, or county) Berlin, Worcester Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-26-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 324 E. Church St.
Mary A. Stewart - Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Salisbury

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 334 Catherine Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

STREET ADDRESS (If rural, give location): 334 Catherine Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Irving	Handy	Roberts	5	4	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	A.A.	Widowed	3-5-1884	69 yrs.	1	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Yards & Shrubbery	Dames Quarter, Somerset Co. Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Washington Roberts	Louise - Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — No	212-18-6396	Mrs. Helen Reed, 334 Catherine St., Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a): Coronary Occlusion — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b): Hypertensive Heart Disease — 4 year

DUE TO

(c): Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Salisbury	Wicomico	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			M.			

22. I hereby certify that I attended the deceased from May 2, 1953, to May 4, 1953, that I last saw the deceased alive on April 26, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS: Gilbert Lemby MD Salisbury Md — DATE SIGNED: 5/9/53

23. BURIAL, CREMATION REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-6-'53	Green Acres Cemetery	Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-11-53	Mary M. Holloway	STEWART FUNERAL HOME - 324 E. Church St. Mary A. Stewart, Salisbury, Maryland.

MAY 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05502

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 411 Dudley

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) (Last) Roth

4. DATE OF DEATH: (Month) 5 - (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 15, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leopold Hartman
14. MOTHER'S MAIDEN NAME: Honey Hartmana

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Wm Kleger

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) DUE TO Carcinoma of Breast with metastases

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1953, to 5-14, 1953, that I last saw the deceased alive on 5-14, 1953 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 5-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/17/53
NAME OF CEMETERY OR CREMATORY Montefiore Cem
LOCATION (City, town, or county) Phila (State) Pa

DATE REC'D BY LOCAL REGISTRAR 5-15-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1

T

Dr. Mann Sr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05503

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 Truitt Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural, give location) 614 Truitt Street

3. NAME OF DECEASED: (Type or Print) (First) CLAUDE (Middle) ELIZAH (Last) RUSSELL
4. DATE OF DEATH: (Month) MAY (Day) 5 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 14, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inventory Clerk
10b. KIND OF BUSINESS OR INDUSTRY: City of Salisbury
11. BIRTHPLACE (State or foreign country): Hebron Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Irving Russell
14. MOTHER'S MAIDEN NAME: Ella Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Cora E. Russell (Wife) 614 Truitt St.

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4:1.4

Immediate cause (a) Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE Hiram R Mann (DEGREE OR TITLE) M D ADDRESS Salisbury Md DATE SIGNED 5/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 9 1953
NAME OF CEMETERY OR CREMATORY Emanuel Church Cemetery
LOCATION (City, town, or county) (State) Mardela, Maryland

DATE REC'D BY LOCAL REG. 5-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS Holloway & Company - Salisbury, Maryland

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MAY 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Waconico MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Mount st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Waconico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 405 Mount st.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Alice (Last) Shockley
4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Sept 30-
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Berlin Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Columbus Dunn
14. MOTHER'S MAIDEN NAME: Henrietta Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT'S ADDRESS: Mr. Archie Shockley (Husband) 405. Mount St Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
3-0X
Immediate cause (a) Subarachnoid Hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

Interval between Onset and Death: May 3 wks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11/ 1953, to 5/3, 1953, that I last saw the deceased alive on 5/2, 1953 and that death occurred at 2 P.M. from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William D Gray M.D. Salisbury 5-3-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF May 5-53
NAME OF CEMETERY OR CREMATORY Bivalve Cem.
LOCATION (City, town, or county) Bivalve (State) Md.
DATE REC'D BY LOCAL REG. 5-5-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & C. ADDRESS Salisbury Md
Walter R. Holloway

VS. A16

RECEIVED
MAY 8 1953
BUREAU V

Item 21 Film G154 6-12-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15:005)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia | COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbackerville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ella (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19 53

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Mch 11, 1866 | 9. AGE Last birthday: 87 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L. F. J. Wilson | 14. MOTHER'S MAIDEN NAME: Amanda Rabbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Mrs. Maurice Broton, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
904.0 Immediate cause	(a) Pneumonia	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Fracture neck of left femur	2 weeks
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- | (CITY OR TOWN) -- | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-13-53 m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? Patient fell.

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on 5/31, 1953, and that death occurred at 7:25 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) William H. Johnson M.D. ADDRESS Salisbury Md DATE SIGNED 6-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-1-53 | NAME OF CEMETERY OR CREMATORY Methodist Cemetery | LOCATION (City, town, or county) Greenbackerville, Va (State)

DATE REC'D BY LOCAL REGISTRAR 6-1-53 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR Henry H. Watson | ADDRESS Pocomoke, Md.

VS. A15

RECEIVED
JUN 4 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) R. D. # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Linwood	Robert	Stacy	May	11	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 15,	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Employee (Worker)	Wayne Pump Co.	Bivale, Maryland	USA

13. FATHER'S NAME: Roland Stacy

14. MOTHER'S MAIDEN NAME: Maggie Arvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	W.W.#II		Mrs. Ruth Stacy (Wife) R.D.#1 Salisbury Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
7/16-6 Immediate cause	(a) Burns of entire body	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Tourist Cabin	Fruitland	Wicomico	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5	10	1953	7:10 a.m.			Gas heater exploded

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	Deputy Medical Examiner;	224 N. Division St, Salisbury, Maryland	5/11/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 13,1953	Blades Cemetery	Blades Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-11-53	Mary M. Holloway	Holloway & Company - Salisbury, Maryland	

Walter R. Holloway

MAY 13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05502

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Since 11/12/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital Salisbury

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Hopewell AVE.

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) (Last) Stenhouse

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Negron

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): separated

8. DATE OF BIRTH: MAY 13-1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) BALTIMORE. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. GREEN.

14. MOTHER'S MAIDEN NAME: EMMA LATIMER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 333X

		Interval Between Onset and Death
Immediate cause	(a) Aspiration pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Spastic quadriplegia & aphasia	15 Mo
	DUE TO (c) Spontaneous bilat. anterior cerebral artery spasm	-"-

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic urinary tract infection 12 Mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1952, to 5/23, 1953, that I last saw the deceased alive on 5/23, 1953, and that death occurred at 7 35 a.m., from the causes and on the date stated above.

SIGNATURE Dr V Guerman (DEGREE OR TITLE) M.D. ADDRESS Deers Head State Hospital DATE SIGNED 5/23/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 5-31-53 NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery LOCATION (City, town, or county) Baltimore, Md (State)

DATE REC'D BY LOCAL REG. 5-23-53 REGISTRAR'S SIGNATURE Mary W Holloway

24. FUNERAL DIRECTOR Robert Elliott Funeral Home ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

035018

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Zion Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Zion Road

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Jane (Last) Taylor

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 27, 1867

9. AGE last birthday: 86 yrs. If under 1 year: Months ___ Days 24 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nanticoke, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joshua Taylor

14. MOTHER'S MAIDEN NAME: Mary Ellen Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: W. R. Robertson Clara, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerotic C.V. Disease -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Rt. Hip.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) April 23 1953 p.m. INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fell to floor of bedroom

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L. Royer (Degree or title) M.D. ADDRESS 224 W. Division St. Salisbury Md 23 May 53 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/23/53 — NAME OF CEMETERY OR CREMATORY Tyaskin Methodist Cem. — LOCATION (City, town, or county) Tyaskin, Md (State)

DATE REC'D BY LOCAL REG. 5-23-53 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR Cornelius T. Messick, Bivalve, Md. — ADDRESS

RECEIVED
MAY 26 19
BUREAU V. S.

Dr Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 055119

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona — 19X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Emma Taylor	May 4 1953	Female	White		1893	60 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Wenona, Md	USA

13. FATHER'S NAME: William Evans

14. MOTHER'S MAIDEN NAME: Mary Horner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Ruth Horner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
451X Immediate cause	(a) Ruptured aortic aneurysm	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Generalized arteriosclerosis	unknown
	(c) DUE TO Polycystic Kidneys	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-, 1953, to 4-4-, 1953, that I last saw the deceased alive on .., 19.., and that death occurred at 4:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard R. Ellis, Jr. M.D. — ADDRESS: Salisbury Md. — DATE SIGNED: 5-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5-6-53	M.E. Cemetery	Deal Island, Md

DATE REC'D BY LOCAL REGISTRAR: 5-5-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: L. S. Webster — ADDRESS: Deal Island, Md.

VS. A15

RECEIVED
MAY 8 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05510

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 14 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 Camden Ave	STREET ADDRESS (If rural, give location) 810 Camden Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IDA	BAILEY	TAYLOR	5	31	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year (Months / Days)	If under 24 hrs. (Hours / Min.)
Female	White	Widowed	June 5, 1860	92 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levin C.D. Bailey	Chloe E. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mr Richard H. Hodgson Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Cerebral Hemorrhage	9 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	10 days
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 22, 1953, to May 31, 1953, that I last saw the deceased alive on May 31, 1953, and that death occurred at 3P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lucien R Mann Jr	MD	Salisbury Md	6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/3/53	St. Phillps's Cemetery	Quantico, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-2-53	Maryell Holloway	The Hill & Johnson Co.	Salisbury, Maryland

RECEIVED
JUN 4 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5540

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton - Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leah (Middle) (Last) Ward

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stockton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Allen
14. MOTHER'S MAIDEN NAME: Amanda Whittington

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Stanford Ward, Stockton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Cerebral Thrombosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C-V Disease
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1953, to 5/30/, 1953, that I last saw the deceased alive on 5/30, 1953, and that death occurred at 3 15 pm. from the causes and on the date stated above.

SIGNATURE (Degree or title) William D Gray, MD
ADDRESS Salisbury
DATE SIGNED Md 6-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 2, 1953
NAME OF CEMETERY OR CREMATORY Home Beneficiary
LOCATION (City, town, or county) (State) Stockton, Worcester Co. Md

DATE REC'D BY LOCAL REGISTRAR 6-13-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Irvine Bennett
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0551

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 6200 Alumore Way

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Magdalene (Last) Weiss Weiss

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 27, 1895
9. AGE last birthday: 57 years yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas
14. MOTHER'S MAIDEN NAME: Margaret Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 4 d

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pyelonephritis bilat. — 3 y

DUE TO

(c) Tabes dorsalis. — 4 y.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple decub. ulcers — 1 y

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1953, to 5/25, 1953, that I last saw the deceased alive on 5/25, 1953, and that death occurred at 1:09 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. Maldve Instit. Physic. Salisbury Md DHH 5/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-28-53
NAME OF CEMETERY OR CREMATORY Baltimore Cem.
LOCATION (City, town, or county) (State) Belair Rd - Balto. Md.

DATE REC'D BY LOCAL REG. 5/27/53
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR John C. Miller Inc. - 2431 E. Oliver St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115512

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salesbury
STREET ADDRESS (If rural give location) 302 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) THERESA (Last) Willing

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: AUG. 11- 1911

9. AGE last birthday: 41 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Post Master

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

11. BIRTHPLACE (State or foreign country): Deal Island, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tilden Webster

14. MOTHER'S MAIDEN NAME: Minnie E. Disharoon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. June Webster (Daughter) 302 Maryland Ave. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 X

Immediate cause (a) Bronchial asthma, intrinsic — Interval Between Onset And Death: 5-6 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1953 to 5-16, 1953, that I last saw the deceased alive on 5-16, 1953, and that death occurred at 1:17 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William R. Ellis, J., M.D. Salisbury Md. 5-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 19-53

NAME OF CEMETERY OR CREMATORY: St Johns Cemetery

LOCATION (City, town, or county) (State): Deal Island, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5-18-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

Walter R. Holloway

RECEIVED
MAY 20 1953
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05513

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 23-37
STREET ADDRESS (If rural give location) 210 Market Street

3. NAME OF DECEASED: (Type or Print) (First) Miriam (Middle) (Last) Young.

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 27, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Dickinson

14. MOTHER'S MAIDEN NAME: Annie M. Lloyd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret A. Crockett, Pocomoke, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial Infarct, acute — Interval Between Onset And Death: 2-3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic heart Disease — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 5-16, 19 53, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William R. Ellis, J. M.D. — ADDRESS Salisbury, Md. — DATE SIGNED 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5-20-53 — NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery — LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR 5-20-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Dennis & Watson — ADDRESS Pocomoke Md.

RECEIVED
MAY 22 1953
BUREAU V. S.